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F-7252

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Norman BITTERLICH, et al.
Serial No. : 10/018,079
Filed : Concurrently herewith
For : METHOD FOR ACQUIRING AND
EVALUATING DATA DURING THE
ADMISSION OF A PATIENT FOR
OPERATION

Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Preliminary to examination, please amend the above-identified patent application as follows:

IN THE CLAIMS:

Cancel claims 1 and 2.

Add the following claims:

--3. A method of acquiring data from a patient who is in a condition for surgery and evaluating the patient data during admission of the patient to a surgical facility to determine a level of risk to the patient posed by the surgery, comprising recording the data in computer-readable form and processing the

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data by means of a computer program stored in the memory of a computer and which is interactive with a human operator of the computer, wherein, in conjunction with entry of the patient data into the computer,

the program prompts the operator to input answers to a routine sequence of basic questions,

the program checks the input for compatibility and plausibility and prompts the operator to check and, if necessary, correct the input in the absence of compatibility and plausibility,

the program checks the input to determine whether the input is sufficient for evaluation of patient risk,

the program prompts the operator to input additional patient data if the previously input patient data is insufficient for optimal evaluation of patient risk,

the operator inputs any additional available patient data required for optimal evaluation of patient risk,

the program weighs the effect on the patient risk evaluation of the absence of data necessary for said optimal evaluation,

and the result of the foregoing steps is recorded to provide a record that admission protocol has been followed.

2. The method of claim 1, wherein

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each category of the data is assigned a weighting factor from 0 to 1 in proportion to the surgical risk associated with that category, 0 being assigned to a data category which has no effect on the surgical risk and 1 being assigned to a data category which has a most extreme effect on the surgical risk and values intermediate 0 and 1 being assigned to other data categories in proportion to the surgical risk associated with the category,

each of the data categories is assigned a numerical risk factor in proportion to the surgical risk associated with that category, said numerical risk factors being subject to change only by authorized persons, the numerical risk factors being subject to change from time to time based on clinical reference data,

the data in a data category is processed by application of Fuzzy Set Theory to obtain a group affiliation value μ_G for that data category,

the individual group affiliation values are combined into a total affiliation value μ^* by means of a rule-based fuzzy system, and

a numerical evaluation of the risk for a patient in question R^*_{PAT} is obtained as a rounding off of the total affiliation value expressed as $\text{Round}(\mu^*)$, whereby

$$R^*_{PAT} = \text{Round}(\mu^*).$$

5. The method of claim 4, in which the numerical risk factors are:

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- 1 = none,
- 2 = slight,
- 3 = moderate,
- 4 = serious, and
- 5 = dramatic surgical complications.--

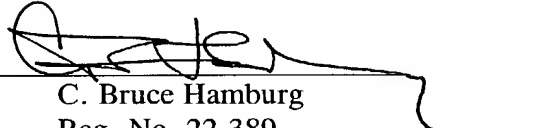
Remarks

The foregoing is submitted to place the application in better condition
for examination.

Respectfully submitted,

Jordan and Hamburg LLP

By


C. Bruce Hamburg
Reg. No. 22,389
Attorney for Applicants

122 East 42nd Street
New York, New York 10168
(212) 986-2340